HOME Safety REVIEW

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HOME ACCIDENT FATALITIES DOWN BY 1,000

ACCORDING TO NATIONAL Safety Council estimates, home accident deaths in 1954 totaled approximately 28,000, a decrease of 1,000 from the 1953 total. There were about 4,200,000 disabling injuries. Costs—including wage loss, medical expense, and overhead costs of insurance—amounted to $750,000,000.

Decreases were recorded for all age groups except 45 to 64 years, for which the death total was about the same as in 1953. There was a small increase in deaths from poisonous gas, but decreases came in all other types of accidents—principally in fatal burns, falls, firearms accidents and mechanical suffocation.

Public Non-Motor-Vehicle Accidents

There were approximately 16,000 deaths in public non-motor-vehicle accidents during 1954, the same number as occurred in 1953. Injuries numbered approximately 2,000,000 of which 50,000 were permanent impairments. Wage loss, medical expense and overhead costs of insurance amounted to $700,000,000.

Deaths in transport accidents, firearms accidents and drownings decreased, while fatal burns and falls increased. None of the changes were large.

The most important type of fatal accident in the public non-motor-vehicle classification was drowning, with over one-fourth of all deaths. Falls were about a fifth. Transportation accidents—rail, street, air and water—not involving motor vehicles, were responsible for nearly a fourth of the deaths.

Accidents to Workers

The 1954 death total for work accidents was approximately 14,000, or 1,000 less than the 1953 total. Off-the-job accident fatalities have also decreased—by 2,000. Thirty thousand workers died from off-the-job accidents—in addition to the 14,000 workers killed while at work, making a death total of 44,000. These off-the-job accidents are partly home, partly motor-vehicle, and partly public non-motor-vehicle.

All Accident Death Totals

The all accident death totals were:

	1954	*1953*	*Change*
ALL ACCIDENTS	91,000	95,000	—4%
Motor-vehicle	36,300	38,300	—5%
Public non-motor-vehicle	16,000	16,000	0%
Home	28,000	29,000	—3%
Work	14,000	15,000	—7%

Note: The motor-vehicle totals include some deaths also included in the work and home totals. This duplication amounted to about 3,300 in both 1954 and 1953.

Included in the total above are drownings which totaled 6,600 in 1954, down 1 per cent from 1953, and firearms deaths which decreased 8 per cent to 2,300.

Accidents and Disease

Present indications are that in 1954, as in earlier years, accidents were the fourth most important cause of death, exceeded only by heart disease, cancer, and vascular lesions of the central nervous system.

GEORGIA STARTS WITH THE FACTS

By H. C. Steed, Jr.
Engineer Director

and

R. M. Alden
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IN BEGINNING ANY genuine, concerted effort to reduce the number of injuries and deaths resulting in home accidents, it was agreed that all public health workers must be convinced of the need for this activity and persuaded that they can do something about it. Thus, our initial efforts have been in the area of in-service education.*

A booklet for public health workers was prepared and a form developed for personnel to report home and office accidents.

One yardstick of the measure of success is that Georgia public health workers *know* we are in the home safety field. Increased interest is indicated in the requests for materials and program suggestions. Nine counties now have active home safety programs. Many more are increasing emphasis on accident prevention.

Early in January there was a revision of the general outline for the Georgia home safety program. This, for all practical purposes was merely the 1954 model of an earlier outline, "streamlined" in accordance with our experience.

Following a series of conferences in the five regional offices of the Health Department, staff members began more concentrated activity in the various counties.

Here was the real test. While fully aware that there can be no cut-and-dried "this is it" plan that will work for every area, the Unit set about to prepare an activity outline that would be flexible enough to serve under varied circumstances.

This basic plan was entitled "Steps in Promoting Home Safety Through the Local Health Departments."

Beginning in March, meetings were scheduled in various counties throughout the state. Publicity was sent to the local health departments several weeks prior to these meetings.

In these meetings staff members encouraged the local department to establish a home safety program, considered the possibility of selecting the county as a pilot study area, and pointed to some of the ways in which local personnel could increase accident prevention activity, regardless of whether or not a program was undertaken.

For those counties indicating particular interest in establishing a local program, the majority chose to begin their "fact-finding" activity through the schools. A home accident injury questionnaire was developed and some 41,000 have been distributed. A newspaper release was prepared for use prior to these surveys.

Findings of these surveys are analyzed in the state office, and reports sent back to the local area. Some educational materials are to be developed as a result of these surveys.

That the findings of these surveys are indicative of the actual home accident problem is seriously doubted. Such a survey is, of course, limited—giving information only about that portion of the community which has children attending school. It was also found that probably less than half of the questionnaires were returned.

There is, of course, educational value in the survey itself. Future surveys of this sort would seem to require more publicity, particularly in the schools themselves.

In the months ahead the Unit looks forward to further progress through the schools as the result of planning sessions during the summer with representatives of the Department of Education.

Georgia's accident prevention program has, from the beginning, enjoyed the support and interest of the many divisions of the health department. Typical of these is the crippled children's division.

Since a large percentage of children aided through this division are accident victims, it is anticipated that this will be a valuable source of information.

A home injury report form, prepared by the unit, is now being used by the crippled children's division.

*This report was submitted for the 1954 NSC home safety merit award last summer and covers the period January 1 through June 30, 1954.

A similar report form is now being tested in one area of the state for possible use in all local departments. This epidemiological form is used in the test-area to investigate accidents that come to the attention of health department personnel from various sources.

There seems to be, in all accident-prevention activity, a frenzied desire to obtain information. While there has been an extensive analysis of all available statistics on fatal home accidents, we're still without any reliable records on the number and causes of injuries.

In an effort to meet this need for information there will be launched two surveys in Georgia. One is to be conducted this summer; another is scheduled for the fall.

The survey planned for this summer has involved a great deal of preparation. Recently revised for the second time, the interview form and instructions required about 20 typewritten pages. Estimates are that it will take approximately one hour for each interview. There are to be around 30 volunteer interviewers and around 15 public health workers conducting this survey. Both professional and volunteer interviewers are to receive the same instructions prior to the survey. Other fact finding methods are planned, including accident report forms to be used by physicians and hospitals.

A complete report of this survey is to be made later.

While not elaborate, an intensive publicity program is planned to precede each survey. Basically, the purpose of this publicity is to bring the survey to the attention of the population. No attempt will be made prior to the survey to conduct an educational program. The objectives of this publicity have been established for the local workers, and announcements have been prepared to help publicize the survey.

While activity in the area of in-service education has been the primary objective during the first half of 1954, the staff has, to a limited degree, utilized the routine public information outlets.

Perhaps the most impressive—on paper at least—is a television program, for which an 18-page script was prepared.

News releases have been prepared for specific needs, and a limited number have been released for statewide distribution, including "clean-up" material for press and radio.

Talks have been presented to civic clubs by staff members.

Many films have been previewed and several purchased.

The health department publication, "FAX," has been helpful in including reports on home safety activity.

Pamphlets, check-lists, etc., available from other sources have been studied, and many have been distributed in the state by the home safety unit.

Preparation of material will have a high priority in the months ahead, as studies indicate the most severe problems in Georgia. It is hoped the unit will effectively present material "tailored" to meet the needs of particular segments of the population.

The problem will be to find the right way of getting the right information to the right people under the right circumstances.

Left to right: R. M. Alden, health education consultant, home safety unit; H. B. Wells, statistician, central statistical unit; Mrs. Madelyn Davis, consultant nurse, home safety unit, and H. C. Steed, Jr., engineer-director, home safety unit, Georgia Department of Public Health.

HOME REPAIR OF TV SETS

By E. L. Blossom
Safety Engineer
International Business Machines Corp.

THE BEST ADVICE for the amateur television repairman is to secure the services of a competent professional serviceman. However, many persons feel that they are quite capable of repairing minor troubles or making adjustments. Their feeling is that should the trouble be of a major nature, they can call the serviceman. The purpose of this article is to acquaint the set owner with the hazards associated with home television repair. Should he then still desire to make his own installation, adjustments and repairs, he will be aware of the procedures and areas in which he exposes himself to possible injury.

Installation of TV Set

Usually this consists of physical placement of the set in your home, antenna installation, and final adjustments (ordinarily external controls). With the exception of antenna installation, the store from which you purchased your set will normally perform this service at no charge.

Location of TV Set

A location should be selected which meets your requirements for proper viewing. However, care should be taken that proper ventilation of the set is provided and that the glass screen is not exposed to normal traffic of persons passing nearby.

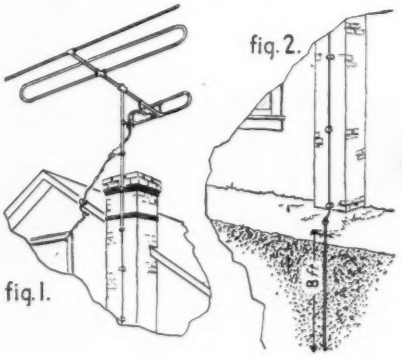
Antenna Installation

It is, of course, necessary that the person installing an antenna be acquainted with the purpose of the antenna in order that he may insure the best reception possible. In many areas the built-in antenna or a simple indoor antenna is adequate. In other areas, where a relatively weak signal is available, antennas ranging in size from a simple dipole to an array measuring 18 to 20 feet in its largest dimension are encountered. Certain precautions in the installation of any outside antenna are advisable. This is especially so with the larger antennas.

1. Secure the assistance of another person.
2. When using a ladder, be sure it is firmly placed.
3. Assemble the antenna on the ground and then hoist it to the place it is to be installed. If the antenna is of a suitable design, your assistant can pass it to you after you are located on the roof.
4. Use a strong mounting device for the antenna (Fig. 1). If you are using a long mast or if the antenna is of a type offering much wind resistance, use guy wires (three or more) placed at equal intervals. Injury to passersby can be caused by wind blowing down antenna.
5. A suitable ground for antenna is necessary. The best type (Fig. 2) is a heavy (#10 or larger) wire connecting the antenna mast to a ground rod or pipe inserted at least 8 feet into the ground. Another choice is a spark gap type of grounding device connected to the antenna lead-in wire. The purpose

(Fig. 1) A strong mounting device, plus three guy wires will help prevent antenna from falling.

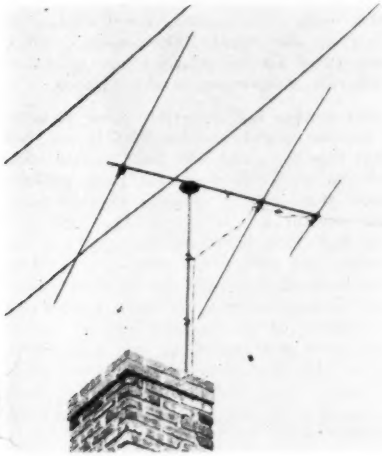
(Fig. 2) A No. 10 wire can be used to connect antenna mast to a ground rod or pipe. Insert the rod 8 ft. or more into the ground.



of an antenna ground is for lightning protection.

6. Be careful that the antenna, mast, guy wires, lead in wires and ground wires do not run near any power or telephone lines (Fig. 3).

(Fig. 3) Here the antenna rods overlap power lines with only four-inch clearance. Loss of life and property can result.



Minor Adjustments of TV Sets

If you don't know what you're doing when making adjustments, you had better not make them. Although there is very little hazard involved, such adjustments often encourage more involved work inside the TV cabinet. Here considerable hazard is encountered.

Major Adjustments or Repairs of TV Sets

Most usually these require work inside the TV cabinet. In order to protect the set owner, most TV manufacturers provide an electrical interlock on the rear cover of their sets. This interlock removes the source of power to the set when the cover is removed. The set owner is cautioned, however, that, even with power removed, certain areas in his TV set retain an electrical charge for a period of time. For the most part these charges won't severely injure you, but they may cause reflex actions which can cause bodily injury.

When power is supplied to the set, such as by bypassing the interlock, there are many areas inside a TV which can cause severe shock. Voltages as high as 20,000 volts can be encountered. This should serve as sufficient warning to the set owner. All terminals, tube caps, transformer connections or uninsulated wires should be avoided. If one cannot do this, turn the power off or better yet pull the plug out of the supply receptacle. Use insulated tools.

One of the most dangerous components of a TV is the large picture tube. This contains a very high vacuum. Most picture tubes are made almost entirely of glass. Damage to the tube (a sharp blow or crack developed by a lesser blow or a manufacturing defect) can be the cause of an implosion. An implosion in the larger tubes (17" and up) can cause severe injury to anyone within 20 feet. Eye protection is advisable.

Extreme caution is necessary when adjusting or repairing a TV set when children are in the vicinity. One cannot expect a child to recognize the hazards to which he is exposed. So the best solution is don't expose him. Don't permit a young child in the same room when you are doing anything with a TV beyond normal operation.

SUMMARY

1. Install TV out of the way of traffic.
2. Don't remove rear cover, but if you must, remember not to touch anything unless you know what you're touching.
3. Do a good job of antenna installation: good mounting, guy wires and ground wire clear of power or phone lines.
4. Be careful of picture tube both inside set and at front of screen. Implosion may mean severe injury or even death.
5. Watch out for children. They are not responsible for your actions.
6. Use insulated tools; wear eye protection.
7. Remember a TV can be a dangerous device when handled by the inexperienced.

ONE ACCIDENT

What happened when a little boy was burned

By Leona Baumgartner, M.D.
Commissioner
Department of Health, New York, N. Y.

The following extract is from a talk given by Dr. Baumgartner entitled, "Accidents—the Fifth Cause of Death," which was presented at the annual meeting of members, Greater New York Safety Council, December 8, 1954, at which time the Department of Health was presented an Award for Merit from the National Safety Council for exceptional public service in home accident prevention. Copies of the complete talk describing the home safety activities of the health department are available from the National Safety Council upon request.

OUR BUREAU FOR Handicapped Children is often called on to aid youngsters and families where accidents occur. . . .

Let me tell you the story of one such accident, one such family, one such child.

This child, Tommy, five years old, suffered second and third degree burns over half his body. There were two other children in the family. It was a nice, comfortably situated family. . . .

One day the mother was burning trash in the backyard and Tommy was helping her. The mother had used kerosene to start the fire. She set the still partially filled oil can aside, as she thought, out of danger. The baby, Susan, two and a half years old, started crying, and the mother left Tommy for a moment to go into the house to see why Susan was crying. She returned to the yard to find the oil can near the fire, Tommy in flames.

He was a crying, frightened little boy in terrible pain when brought to the hospital. Tommy spent eleven months there. Before his burns could be treated, he had to be placed under general anesthesia. Later anesthesia had to be given when dressings were changed. He learned to tolerate his pain and his suffering and to some extent overcame his fear.

He required skin grafts, 18 in all. The skin for grafting was obtained from his father. He had a number of blood transfusions, the blood being furnished by his father, his mother and friends of the family. There were more skin grafts, skin being taken from Tommy's own back to be placed on spots on his legs and arms.

The family fell behind in payments on their home. Much of the family income went to pay hospital bills. The father found extra work. The mother visited Tommy as often as she could. The other children were cared for by relatives and neighbors while the mother was at the hospital.

But mother had a terrible sense of guilt, a terrible gnawing sense that it was her fault that the child had been burned. She suffered as much emotional pain, perhaps more, than Tommy suffered physical pain. Her attitude toward Susan, the little girl who had cried, began to change. While the doctors and nurses and others in the hospital used all their skill and all their knowledge to help Tommy, the social worker and psychiatrist at the hospital had to use all their skill and knowledge and understanding to help the mother overcome her sense of guilt. They did help her. That took longer than it took to repair the ravages on Tommy's little body.

We came into the situation when the family had spent almost all their money, and the hospital told Tommy's father that our Bureau for Handicapped Children could help. . . . We helped to pay some of the hospital bills for Tommy.

This boy has returned home. With love and tenderness and care from his father, his mother and his two sisters, he is making a splendid physical and emotional recovery. But he is scarred. Very probably those scars will have an effect on the sort of education he gets and the work he will do when he grows up.

Before Tommy had his accident, the mother and father had talked vaguely about the possibility of sending Mary, the oldest child, nine, to college. . . . It would be nice if all the kids could get a college education, starting with Mary. College for Mary is no longer mentioned. They didn't lose their home; they got help from relatives on that problem. But catching up, financially, to where they once were is the problem they now face. They cannot think, they cannot hope, they cannot dream beyond that.

That is what an accident can mean.

INFANT SAFETY

Suggested Program for May

SINCE CHILD HEALTH Day occurs in May, this is a logical time to conduct an infant safety program. Perhaps you can coordinate your safety activities with the work of the various health agencies in your community.

Although this program is not strictly confined to health organizations, they can add a great deal to the effectiveness of it.

Here are a few ways in which this can be done:

Your health department is, of course, your source for local statistics.

Publicize or purchase from NSC or obtain from other sources a leaflet on infant safety. Give a supply to your health department and welfare agencies for distribution at their clinics and on home visits. Hospitals and doctors, too, might be interested in distributing leaflets to new mothers.

Ask your local health personnel and doctors to give talks at meetings, on the radio, for newspaper interviews, etc.

Health and medical people might be willing to give instruction in all or a portion of community-wide baby sitters courses, can help in courses for fathers or in ones for expectant mothers. The Red Cross home nursing courses are another resource for instruction in infant care.

Tackle the fathers by distributing a leaflet through off-the-job programs, the Junior Chamber of Commerce, men's service clubs, and veteran's organizations. If you have a local housing project, perhaps the management of the project would be willing to distribute this leaflet to new parents in their project.

Other places where leaflets might be distributed are local drug stores, women's clubs, church groups. They might be distributed at stores that sell infant's wear, given out with each purchase.

Arrange to consult with the buyers in infant wear and toy departments to suggest what is safe for infants and what is especially hazardous.

Print tags with a safety message on them to be tied to each pair of shoes sold for the under-one-year old child and distribute them to local shoe stores. Before printing such a tag, it would be wise to consult with some of your local stores to see if they would be willing to cooperate.

Alumni associations both of high school and college might be a way to reach young married couples. Perhaps you can arrange for a five-minute speech at these meetings. If they have alumni bulletins, a brief release on this might be sent to the editor for his use. Send releases also to the editors of club bulletins, monthly newsletters, and local magazines.

Youth groups might arrange to have one meeting during the month devoted to infant care with safety stressed.

Exhibits can be developed for display at medical meetings, public health clinics, welfare offices, in store windows.

A suggestion for a TV program is a demonstration on infant care. For radio and TV programs or for a newspaper story, you might consider doing something on child development, mentioning the different stages at which parents should take precautions, such as when the child first starts to roll over—and possibly fall off a bed or bathtable, etc.

PRODUCT

The eye-dropper above, according to the manufacturer, will bend, twist, or squeeze without damage. It is made of flexible plastic. Safti-Dropper, Mead Johnson & Co.

Home Safety at Meetings

March 3, at Essex House, Newark, N. J., the New Jersey State Safety Council will present the following program:

Cooperation—"Housewife in Role of Safety Engineer," A. E. Allen, Public Service Electric & Gas Company, Irvington.

Investigation—"Child Safety Survey Points Way for Action," Renee Zindwer, M.D., New Jersey Department of Health; William F. Matthews, M.D., New Jersey Academy of Pediatrics and New Jersey State Medical Society; Mrs. Isaac Dilkes, New Jersey Congress of Parents and Teachers; and Edith R. Doane, New Jersey State Safety Council.

Demonstration—"Hold That Flame," Ellen M. McAinsh, American Mutual Liability Insurance Co.

Prevention—"My Home Is My Haven," W. B. Cornett, Prudential Insurance Co. of America.

Dramatization—"Fashions in Accidents," Marjorie B. May, Greater New York Safety Council, assisted by Newark Chapter, American Red Cross.

March 29, 30, and 31, at Hotel William Penn, Pittsburgh, Pa., the Western Pennsylvania Safety Council, Inc., will hold its annual Safety Engineering Conference. There will be a home safety session.

March 31—April 1, at Municipal Auditorium and President Hotel, Kansas City, Mo., the Central States Safety Congress will meet. There will be two two-hour sessions, on home accidents and the therapy treatments needed to correct the injuries received in such accidents, with a display of a miniature house to demonstrate built-in safety.

April 11, at Hotel Statler, New York, N. Y., the Greater New York Safety Council will present the following program:

"Task Force," Harold Jacobziner, M.D.

"Field Lieutenants in the Community."

"The Public Health Nurse," Isabel E. Mahoney.

"The Public Health Educator," Mrs. Helen De Ramus Mitchell, Ed.D.

"The Inspector," Jerome Trichter.

The above speakers are all with the Department of Health, City of New York.

"Out of the Toy Shops," David Taylor Marke, Toy Guidance Council, Inc.

"Good Years Ahead," Edith Lind Kristeller, M.D., Geriatrics Rehabilitation Project, Goldwater Memorial Hospital.

"Do-It-Yourself," Arthur A. Burroughs, American Mutual Liability Insurance Co.

LEAFLET

Home Homicide, is a 16-page leaflet with clever cartoon-style illustrations for general distribution. It has been adapted from the film of the same name and from the leaflet, *Home Hazard Hunt,* both produced by the Center for Mass Communication, Columbia University Press. For quantity prices write to Stevens Publications, 139 East 52nd St., New York 22, N. Y. Single copy 10c.

REMEMBER--Save records of your home or child safety program for the 1955 NATIONAL HOME SAFETY INVENTORY

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